IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 DM

PERMIT # 231716

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4638-28-3053

APPLICANT/OWNER: SAMI KHALIL

APPLICANT ADDRESS: 634 KENWAY LOOP MOORESVILLE 28117

SITE ADDRESS: SAME

PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: PERTH, FERN HILL, 2ND KENWAY, ON L

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: FERN LEAF

SECTION: 2 LOT # 19 LOT AREA: .689 AC

DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	1012	Date	2/13/18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	17	Date	4/18/17	System Description:	PM-25% REDUCTION	☐ Business	No. Persons 6
Pump Make	Goulds	Model	NEO7128	Serial #	MH5170H	Repair System Description:	PBBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	395	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Manifold info.
Use 3/4" sch 80 tap for 90ft line
1/2" sch 40 tap for 65ft line

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP

AS BUILT SKETCH

1/2" sch 80 tap for 50ft line

	Date	Initials
Drain Lines Checked	4/13/18	CCC
Tanks Checked	4/13/18	CCC
Pressure Manifold or Valve Box Checked	5-3-18	KW
Pressure Head Set	5-3-18	KW
Electrical Checked	5-3-18	KW
Floats Set	5-3-18	KW
Alarm Checked	5-3-18	KW
Maintenance Contract Y (N)	Not Required	

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathryn Rudisill Date: 12/11/17

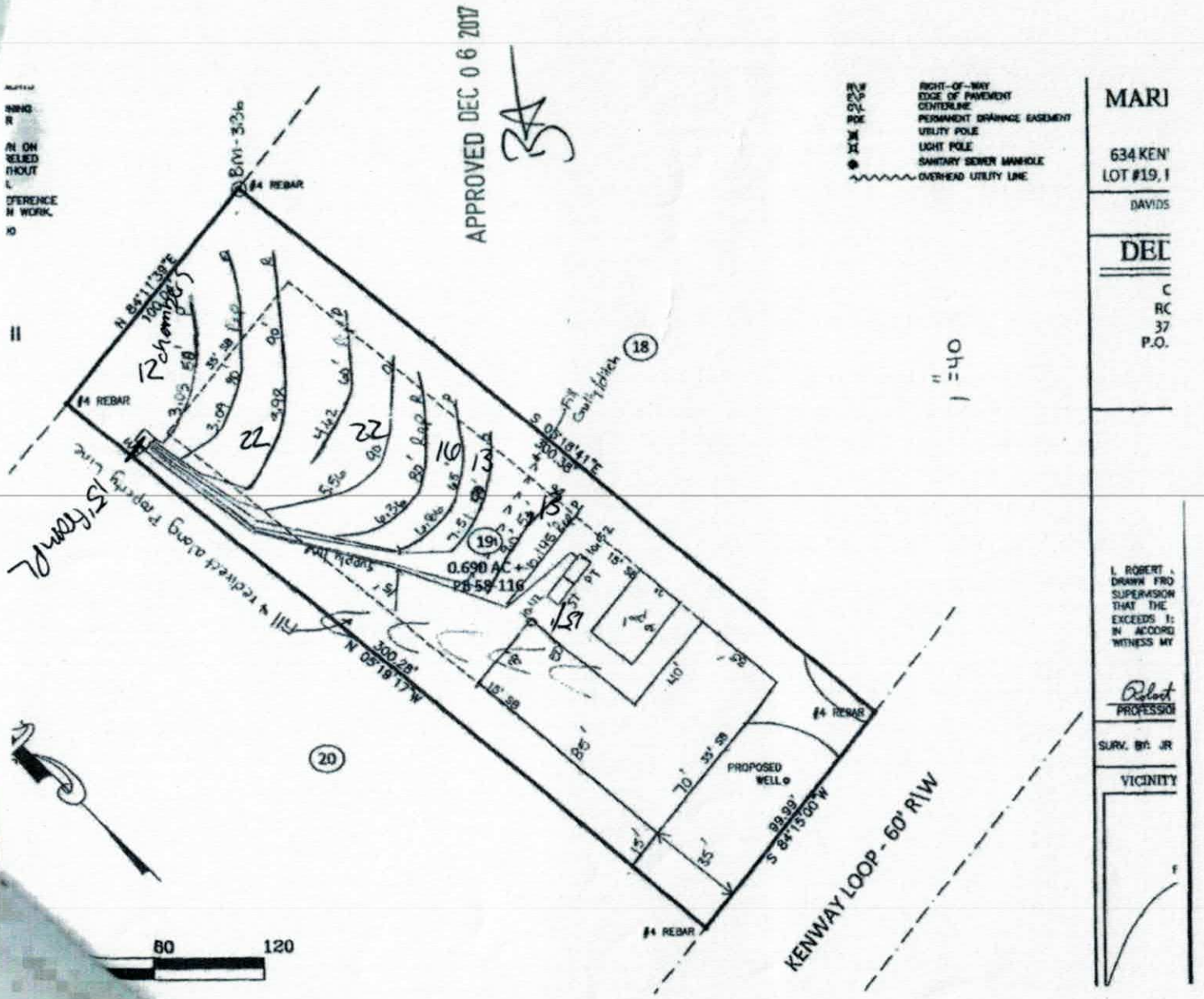
IMPROVEMENT PERMIT by: APPROVED Date: DEC 06 2017

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: DEC 06 2017

Installed by: Steve Jordan

OPERATION PERMIT by: Kayla Watson Date: 5-3-18

Existing System Inspected by: Date:


APPROVED DEC 0 6 2017
BM - 336
#4 REBAR
N 84°11'39"E
100.00'
S 05°18'41"E
300.38'
N 05°19'17"W
300.28'
0.690 AC
PB 59-116
PROPOSED WELL
S 84°15'00"W
99.99'
KENWAY LOOP - 60' R\W
60
120
1" = 40'
DAVIDS
VICINITY

THE OAK

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 634 Kenway Loop

Date: November 29, 2017

Attached is the septic specification information required to permit 634 Kenway Loop for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve the site and only the ICHD can issue these permits. The system should be installed according to the site, specifications, policies, and NC Rules, which these specifications are in accordance with. If the contractor wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all site conditions, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
STATE OF NORTH CAROLINA
1313
NORTH CAROLINA

Kathleen Saunders

Fernleaf Lot 19 Fast Track Septic Spec Sheet

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	395
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	175' of 2" SCH 40 PVC
Flow Rate through the system	43.8 gpm
Elevation head	Approx. 13.4'
Pressure head	2.0'
Friction head	5.5'
20% Contingency	4.2'
Total Head	25.1'
Pump Requirements	44 gpm @ 25.1' of head To be designed by installer.
Maximum Dosing Volume	180 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	4.1
Repair System	**LP PPBPS**
Total Linear Feet	285
Repair Loading Rate	0.25

APPROVED DEC 06 2017

BA

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	System	Pink	25% Reduction	50 endfed	3.08
2	Repair	Orange	LP PPBPS	80	3.09
3	System	Red	25% Reduction	90 endfed	3.98
4	Repair	Pink	LP PPBPS	60	4.62
5	System	Orange	25% Reduction	90 endfed	5.56
6	Repair	Red	LP PPBPS	80	6.36
7	System	Pink	25% Reduction	65 endfed	6.86
8	System	Orange	25% Reduction	50 endfed	7.51
9	System	Red	25% Reduction	50 endfed	9
10	Repair	Pink	LP PPBPS	45	10.1
				Total System: 395'	
				Total Repair: 285' → 265'	

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000	10.52
House	blue		10.42

Manifold Information		
Tap Size (In.)	1/2	1/2
Tap Material	SCH 40 PVC	SCH 80 PVC
No. Taps	1	3.00
Barrel Size (In.)	4	4.00
Barrel Material	SCH 80 PVC	SCH 80 PVC
Flow (gpm)/Tap	7.1	5.50

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD

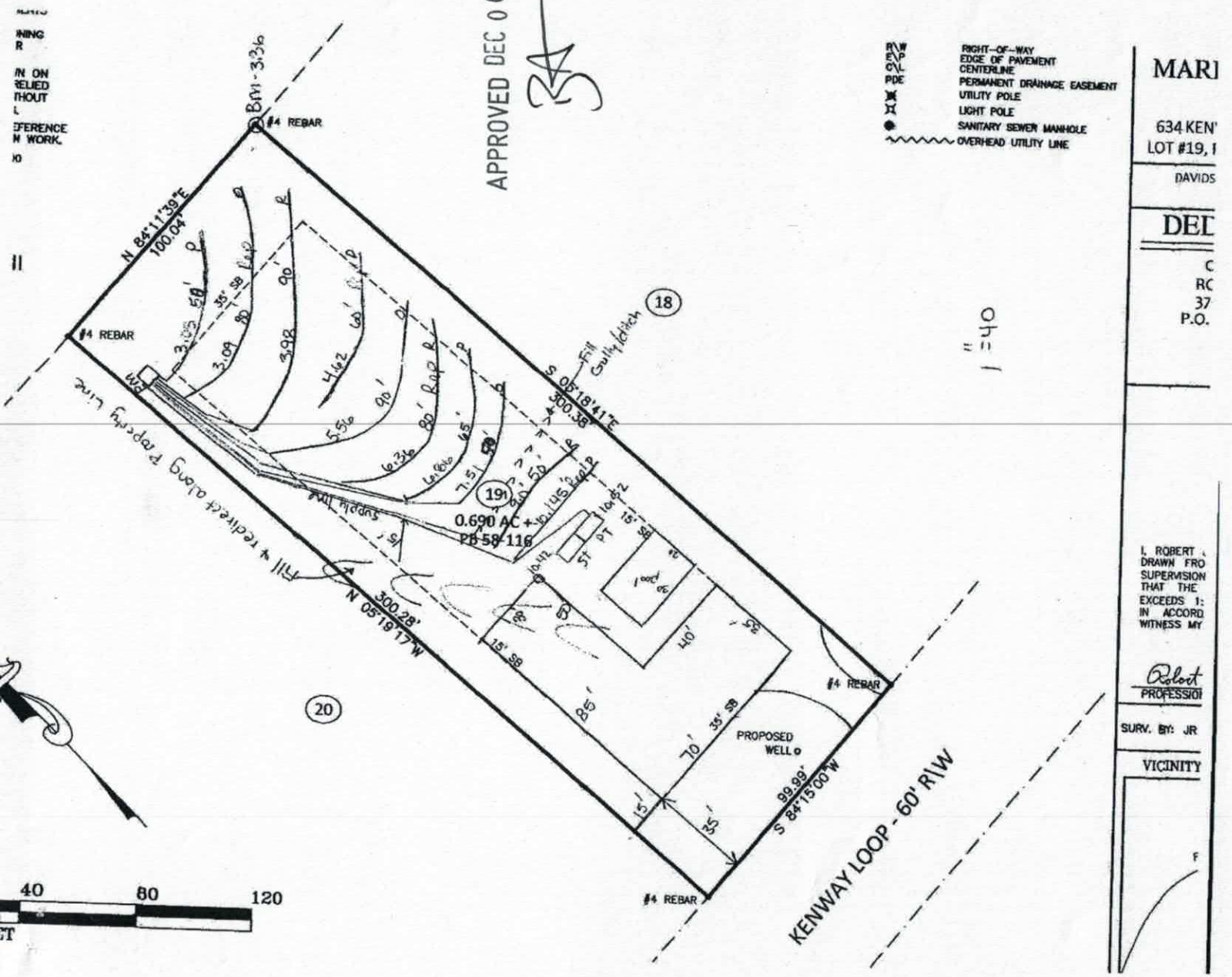
APPROVED DEC 06 2017

90' 3/4" Sch80 tap
65' 1/2" Sch40
50' 1/2" Sch80 tap

APPROVED DEC 0 6 2017

3/4"
SCH 80 PVC
2
4
SCH 80 PVC
10.1

APPROVED DEC 0 6 2017



MARI

634 KEN'
LOT #19, I

DAVIDS

DEI

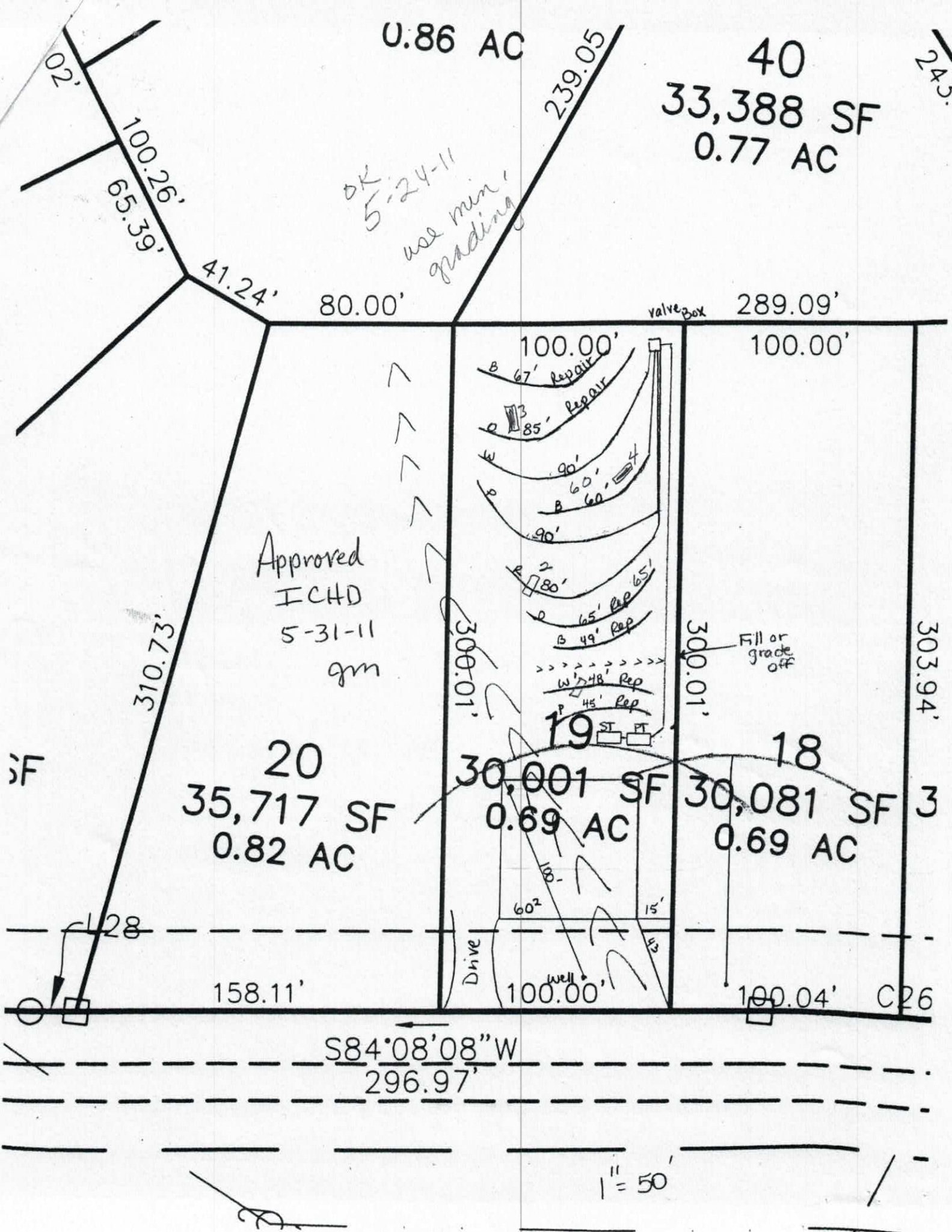
C
RC
37
P.O.

I, ROBERT
DRAWN FRO
SUPERVISION
THAT THE
EXCEEDS 1:
IN ACCORD
WITNESS MY

Robert
PROFESSIO

SURV. BY: JR

VICINITY


0.86 AC
40
33,388 SF
0.77 AC
239.05
02'
100.26'
65.39'
41.24'
80.00'
OK
5-24-11
use min. grading
valve box
289.09'
100.00'
100.00'
B 67' Repair
85' Repair
90'
60'
60'
90'
80'
65' Rep
65' Rep
49' Rep
48' Rep
45' Rep
Approved
ICHD
5-31-11
gm
310.73'
300.01'
300.01'
Fill or grade off
303.94'
19
18
20
35,717 SF
0.82 AC
30,001 SF
0.69 AC
30,081 SF
0.69 AC
ST
PT
60'
15'
Drive
well
158.11'
100.00'
100.04'
C26
S84°08'08"W
296.97'
1" = 50'

RECEIVED NOV 3 0 2017 # 23176

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $225.00 Init. Relayou

\pplication For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repair*

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Sami Khalil **Address:** 634 Kenway Loop **Phone:**

Owner Name: Woodbridge Partners **Address:** PO Box 3608 Mooresville NC 28117 **Phone:**

Property Information:

Street Address: 634 Kenway Loop 28117

Subdivision Name: FernLeaf **Section/Phase:** **Lot Number:** 19

Driving Directions: Perth, L Fern Hill, L 2nd Kenway, on L

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employees:
Maximum Number of Seats/Beds/Other:

11/30 Paid W/ Appl

Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Emma Helt / Kathleen Saunders 11-30-17

Property owner or owner's legal representative signature (SIGNATURE RECOMMENDED) DATE

Original paperwork is coming from SVL office to MVL 12-1-17

DocuSign Envelope ID: 83903B4A-665E-47B3-AFA1-61AEEF00DAEC

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Sami Khalil, am the legal owner(s) of the property located at 634 Kenway Loop, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638-28-3053, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**): The Oaks Group & Marin Development Company, LLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

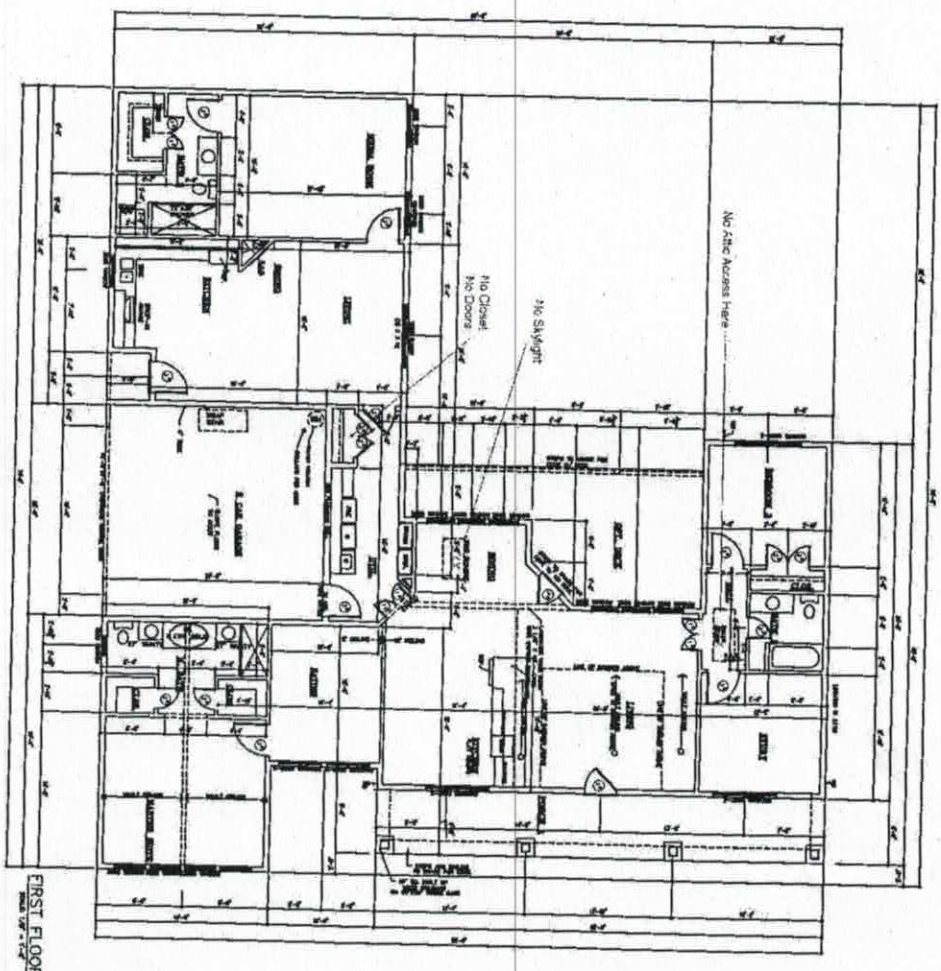
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Sami Khalil	10/10/2017	Kathryn Kuist	10/10/2017
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349-A Center Street, Statesville, NC 28677



FIRST FLOOR

CONSTR. NO.	
JOB NO.	2017-67
DRAWN BY	MWH
CHECKED BY	CAD
DATE	10.30.17
SHEET NO.	2.0

MARIN DEVELOPMENT CO.

KHALIL RESIDENCE
634 KENWAY LOOP
HUNTERSVILLE, NC 28117

Designtime
CHARLOTTE - NORTH CAROLINA
RESIDENTIAL DESIGN, DRAFTING, & PLANNING

3.0	DATE 10.30.17	JOB NO. 2017-67
		DESIGN BY MWH
		CHECKED BY CAD

MARIN DEVELOPMENT CO.

KHALIL RESIDENCE
634 KENWAY LOOP
HUNTERSVILLE, NC 28117

Designtime
RESIDENTIAL DESIGN, DRAFTING, & PLANNING

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
231716
Issue Date: 11/30/2017

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4638283053.000	634 KENWAY LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	WOODBRIDGE PARTNERS LLC	Applicant:	MARIN DEVELOPMENT COMP
Address:	PO BOX 3608 MOORESVILLE, NC 28117	Address:	16405 NORTHCROSS DRIVE SUITE G-1 HUNTERSVILLE, NC 28078
Phone:	704-799-9770	Phone:	704-634-4057

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.689	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID Debit MH 11/30/17

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	121987	TOTAL FEES:	$ 77.25